

MAR 15 2002

K01415-3

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## 510(K) SUMMARY

### 1. SUBMITTER:

Coapt Systems, Inc  
261 Hamilton Avenue Suite 413  
Palo Alto, CA 94301  
Telephone: 650-289-1010

Contact: Jude Paganelli, Vice President Operations  
Date Prepared: December 10, 2001

### 2. DEVICE:

Endotine Device  
Classification Name: Bioabsorbable Fixation Device  
Trade Name: Coapt Systems Endotine Device

### 3. PREDICATE DEVICE:

The predicate device used to determine substantial equivalence for the Endotine Device was the Bionx Endobrow Screw marketed by Bionx Implants, Blue Bell, PA

### 4. DEVICE DESCRIPTION:

The Endotine Device is a device fabricated from L-PLA that is intended for use in browplasty procedures. The device is molded with a post that is inserted directly into the cranial bone. A series of barbs along its face provides a feature that allows for the direct fixation the sub-dermis without the use of suture. The device is inserted into the bone with the use of an installation instrument. Additional instruments include a stepped drill and sterilization tray.

### 5. INTENDED USE:

The Endotine Device is intended for use in browplasty surgery. The Endotine device is specifically intended for use to fixate the sub-dermis to the cranial bone in browplasty procedures.

## **6. COMPARISON OF CHARACTERISTICS:**

The Endotine Device is fabricated from L-PLA, while the Bionx Endobrow Screw is fabricated from L/DL-PLA. The Endotine device design provides direct fixation to the sub-dermis. The Bionx Endobrow Screw provides fixation to the device through the use of suture that is affixed to the sub-dermis.

The indications for use of the two devices are identical.

## **7. PERFORMANCE DATA:**

The following performance data was provided in support of the substantial equivalence determination:

1. Bench Testing: Comparison of the shear strength of the Endotine Device In-Vitro compared to the predicate device.
2. Animal Testing: The testing demonstrated the acceptability of the Endotine Device and confirmed that the device functions adequately to meet its intended use.
3. Tissue Interface: Comparison of the device to tissue interface of the Endotine Device to the predicate device.



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

**MAR 15 2002**

Ms. Jude Paganelli  
Coapt Systems Inc.  
261 Hamilton Avenue  
Suite 413  
Palo Alto, CA 94301

Re: K014153

Trade/Device Name: Endotine Device  
Regulation Number: 21 CFR 888.3040  
Regulation Name: Smooth or Threaded Metallic Bone Fixation Fastener  
Regulatory Class: Class II  
Product Code: HWC  
Dated: December 10, 2001  
Received: December 18, 2001

Dear Ms. Paganelli:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

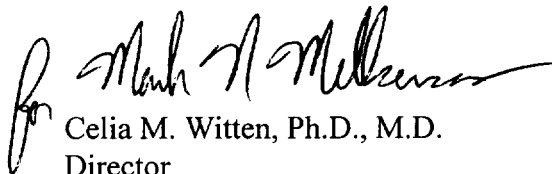
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

A handwritten signature in black ink, appearing to read "Celia M. Witten", is written over the typed name.

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative  
and Neurological Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

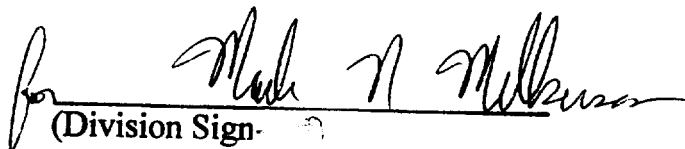
Enclosure

K 014153

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# INDICATIONS FOR USE

The Endotine Device is intended for use in browplasty surgery. The Endotine device is specifically intended for use to fixate the sub-dermis to the cranial bone in browplasty procedures.



(Division Sign- )

Division of General Restorative  
and Neurological Devices

510(k) Number \_\_\_\_\_

K014153